

California MEDICINE

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EDITORIAL

The A.M.A. Meeting

THE "BIGGEST MEDICAL SHOW IN THE WORLD," the American Medical Association annual meeting, took place last month in Atlantic City. Technical and scientific exhibits numbering in the hundreds taxed the time and feet of the thousands of spectators who thronged the huge Atlantic City Convention Hall.

On the business side, the House of Delegates acted on some seventy resolutions and set new policies on such important matters as osteopathic education, hospital internships, hospital accreditation and interpretation of the Principles of Medical Ethics.

Most hotly debated issue before the House was the report rendered by a committee of five eminent A.M.A. members, headed by California's John W. Cline, a past president of the A.M.A., on the question of osteopathic education. This report, prepared after months of searching inquiry, including the actual inspection of five osteopathic colleges by the committee members and the deans of three recognized medical schools, found that osteopathy as taught today no longer holds to the original concept that all bodily ills are the result of maladjustment. In fact, the committee found that not more than five to ten per cent of the osteopathic curriculum is devoted to the teaching of manipulations.

In view of the present curriculum, which follows very closely the teaching in recognized medical schools, the committee recommended that doctors of medicine be allowed to teach in the osteopathic schools and thus, for the benefit of the public, help to raise the educational standards in these schools. To make such teaching possible on an ethical basis, the committee suggested that the term "cultism" not be applied to present-day osteopathy and that the decision as to whether or not ethical physicians teach in the osteopathic schools be left up to local determination.

Permissive though this recommendation was, it was defeated through a one-man minority report on the reference committee—a report which heaped praise upon the valuable work performed by the Cline committee but relegated the report and its recommendations to the "received and filed" category. This action apparently shuts the door on further immediate steps to improve osteopathic education and toward the eventual amalgamation of this type of practice with recognized orthodox medicine.

Along the line of internship approval programs, the House of Delegates approved a report which favored the findings of the *ad hoc* committee on internships and urged a continuing study as to what should be the content of an internship and what constitutes sound clinical experience during the intern year. The report also urged the adoption of the "one-fourth" rule, under which any internship program which does not receive and train in any two successive years one-fourth of its stated complement of interns should be disapproved. This rule is intended to reduce the heavy demands made by some hospitals for new interns where the training offered does not attract more than a small percentage of the students sought.

In the field of hospital accreditation, the House voted to establish a new study committee, none of whose members shall be members of the Joint Commission on Accreditation or members of the Council on Medical Education and Hospitals. This committee would be empowered to study the operations of the Joint Commission and to seek reports on the manner in which its program is being carried out. Physicians and hospitals are urged to forward to this committee any observations or suggestions on the functioning of the Joint Commission on Accreditation. In theory, at least, this special committee may develop suggestions for the consideration of the members of the Joint Commission, especially

those members who serve as representatives of the A.M.A.

Next of the major items decided by the House of Delegates was a change in wording of one section of the Principles of Medical Ethics. This section, referring to the dispensing of drugs or appliances by physicians, was so severely worded in its earlier form that even ownership of capital stock in a pharmaceutical manufacturing concern might have been open to question in relation to the doctor's ethics. As reworded by the House of Delegates, this section states that "It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient." Under this language the primary interest of the public is protected and those physicians who, for a variety of needs and reasons, find it advisable to dispense, may continue to do so and retain their ethical standing.

Coming issues of the *Journal of the American Medical Association* will contain a complete report on all House of Delegates actions. Many of these have a limited application but some may find points

of interest in many areas. Reading of all such actions is recommended.

Most gratifying to Californians was the last-day action of the House of Delegates in electing Dr. Dwight H. Murray of Napa as president-elect of the A.M.A. and Dr. E. Vincent Askey of Los Angeles as Speaker of the House of Delegates.

Dr. Murray has served on the A.M.A. Board of Trustees for the past ten years, the last four as its chairman. Dr. Askey has served the past three years as vice-speaker of the House of Delegates and was signally honored when Dr. James R. Reuling of New York, Speaker of the House, made the nominating speech to place his vice-speaker into the Speaker's chair.

Thus California is again recognized in the A.M.A. as the producer of top personnel to help guide the nation's medical progress. Such honors do not come without a long background of hard and capable accomplishment and it is certain that both Dr. Murray and Dr. Askey will fulfill their assignments with distinction in the interests of better medicine. This state may well be proud of both.

LETTERS to the Editor . . .

Sunday Medical Meetings

IT IS HIGH TIME somebody spoke out against the ever more prevalent Sunday medical meetings and conventions.

Admittedly I was raised in a strict religious home and Sunday was set apart as a different day for church, for rest and healthful recreation. In our town things really slowed down on Sundays, and for the most part people returned to work on Monday rested and invigorated.

As a doctor I am not always able to abide by this concept of complete detachment from work, spiritual contemplation and recreation on Sunday but I do make an attempt at it, and I know it is good for me and my patients. I fail to see why we as doctors should deliberately decide to study and ponder medical problems and others of our number should work hard to teach us medical subjects on Sundays when all week long and many nights and holidays we *have* to study and practice medicine.

It is my belief that much of the Mosaic law has a health value as well as a moral value, and the one to "remember the Sabbath" is an outstanding example. Certainly our ever increasing numbers of

nervous, anxious, jittery, fatigued, worn-out and outright psychotic people are directly related to our sped-up, hopped-up, begadged type of living in which Sunday is frequently the most fatiguing day of all. Why should we as doctors make ourselves a party to this practice?

Someone has given us a series of recommendations for quick entry into the Coronary Club. I think that "Attend every Sunday medical meeting and convention available" should be added to the list.

Some would say, "We don't have any other time but Sunday for these meetings." I say, "Bushwah." If the painters, plumbers and carpenters can make a pretty fancy living in 40 hours a week, we should be able to in the 60 or so we have to work without adding Sunday to it intentionally. The practice in all other lines of endeavor seems to be to cut down on working hours as much as possible.

Others might say a medical convention or meeting is fun, is recreation, is different. Yes—in a way; but they are mighty tiring, too, and it's still the same drop of water striking the cranium hour in and hour out, Chinese fashion, which drives one crazy.

PAUL M. ELLWOOD, SR., M.D.